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Mental Health Needs of People Who Identify as Transgender: A Review of the Literature

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Abstract

Transgender people face many challenges in society including accessing and using healthcare systems. However, little is known about the specific mental health service needs and concerns of transgender people in this regard. The aim of the study was to establish the mental health service needs of transgender people through a review of relevant studies that address the experiences and views of this group. A comprehensive search of CINHAL, Cochrane, Google Scholar, PubMed, PsychInfo, PsychLit, Sociological Abstracts, Scopus, and Web of Science databases from inception to January 2014 was conducted. Studies were identified that met specific criteria that included: using qualitative methods, involving transgender people, and addressing issues related to mental health services. The search yielded 217 papers in total. Following the application of rigorous inclusion and exclu- sion criteria 33 papers were included for retrieval. Finally, 10 papers were considered suitable for the review. The data were analyzed and key themes identified. The review highlighted distinct challenges that exist in terms of mental health service provision.

These included accessing appropriate services and treatments, responsiveness of practitioner's, the provision of family supports and potential mental health service developments. The review findings are discussed and key recommendations are made in terms of mental health nursing practice developments, education and research.

BACKGROUND

In today's world, people are generally categorized through a gender binary as either male or female. Individuals who do not 'fit' into either of the groupings are deemed 'deviant' by society (Coleman et al., 2011). The resultant discriminatory and victimization experiences can lead to more elevated general health and psychosocial problems than other so- cial groups (Dargie, Blair, Pukall, & Coyle, 2014, Grossman, D'Augelli, & Frank, 2011, Lombardi, 2009). 'Transgender' is a term used to describe people whose gender identity and/or gender expression is different from the sex assigned at birth. Prevalence rates for people who identify as transgender in the United States (US), estimated by the *American Psychiatric Association's Diagnostic and Statistical Manual* (DSM-IV) (1987), are at 1 in /30,000 (born) males and 1 in /100,000 (born) females. In the Netherlands, the figures are 1 in /11,900 (born) males and 1/ in 30,400 (born) females estimated as being 'transsexual' (Bakker, Kesteren, Gooren, & Bezemer, 1993). In the US, The National Center for the Trans- gender Equality (Grant, Mottet, & Tanis, 2011) and the World Profes- sional Association for Transgender Health (Coleman et al., 2011) are leading the way in terms of policy frameworks to inform inclusive mental health and social care practices for transgender clients. Within a global context, the health inequalities and social inclusion issues of transgender people are being cited in national mental health policy initiatives (Australian Government, 2010, Department of Health, 2014, Dep- of Health and Children, 2006, Government of Scotland, 2007).

In terms of mental health needs, emotional well being, particularly in younger people, can be compromised, where individuals are often coming to terms with gender non-conformity that can be compounded with sexual orientation issues. Further, transgender people can often become estranged from family and rejected by peers and endure further

marginalization by society. Stigma-related prejudice and discrimination and transphobic experiences can have a profoundly negative impact upon a person's well being and may contribute to minority stress (Kelleher, 2009, Meyer, 1995). Transgender people, like other minority groups, frequently find themselves disengaged from mental health and other medical care services. Providers are often unaware of the specific public health concerns of minority group consumers (Taylor, Jantzen, & Clow, 2013) and this can add to a person's experience of marginalization (Spicer, 2010). The consequences of enduring personal and social chal- lenges have been detailed in several studies. In one study conducted in Ireland, *Supporting LGBT Lives* (Mayock, Bryan, Carr, & Kitching, 2009), important mental health issues were highlighted related to minority stress including stigma, discrimination, depression, suicidality, and con- cerns around social exclusion. In a more recent study, specifically focused on transgender people (n = 153), findings showed that 78% of transgender people had considered suicide and a majority of survey re- spondents reported having negative experiences of health care services (Transgender Equality Network Ireland, 2013).

In the United States, transgender youth are overrepresented among the homeless (Yu, 2010). The stigma and discrimination that cause and maintain homelessness among transgender people are also prevalent in programs that serve homeless people. This makes life for transgender people in foster care, at shelters, and in transitional housing difficult and even dangerous (Yu, 2010). As a result of the apparent stressors, an increasing number of transgender people are seeking therapy. How- ever, therapists often lack the skills to work effectively with transgender clients and are often ignorant and insensitive towards transgender is- sues (Shipherd, Green, & Abramovitz, 2010). Furthermore, the distinct needs of families with a transgender family member have often been neglected (Bockting, Knudson, & Goldberg, 2007) and children are in- creasingly in need of support. Access to

family and couple therapy re- mains limited, if it exists at all (Benson, 2013). It transpires that most people in mental health services have received no training whatsoever on transgender issues and there are distinct shortcomings in terms of mental health education and curriculum developments (Lev, 2009, Merryfeather & Bruce, 2014). As a result, there is often a lack of appre- ciation by mental practitioners of the distress associated with gender non-conforming experiences and the need for access to quality and responsive mental health services (Winters, 2005).

The current review will address important mental health issues for transgender people and highlight key concerns that may inform and guide future mental health service developments. The objectives of this review of the literature were to identify:

1. the mental health needs of transgender people;
2. gaps in the literature; and
3. recommendations for mental health services based on the review.

METHODOLOGY

There is a distinct lack of studies that specifically examine the mental health needs of transgender people. The current review aimed to examine the mental health needs of transgender people, identify gaps in the current literature and highlight issues that may guide mental health service provision.

Search Methods

The systematic search of available studies was carried out using the following databases: CINHAL, Cochrane, Google Scholar, PubMed, PsychInfo, PsychLit, Sociological Abstracts, Scopus, and Web of Science. Manual searches were also conducted. The keywords used were trans, transgender, gender dysphoria, mental health and mental health ser- vices; the

MeSH term and entry terms for ‘transgendered persons’ were also used. The data were accessed from the subject inception to January 2014.

Inclusion and Exclusion Criteria

Studies that used a qualitative approach were included in the re- view, including mixed methods studies with a qualitative component. Studies had to focus specifically on transgender people. Studies that did not meet the criteria were excluded from the review.

Characteristics of the Studies

A total of 217 papers on the topic were located and duplicates re- moved. The remaining abstracts were screened against the inclusion and exclusion criteria and those deemed irrelevant were removed. Full texts were obtained and reviewed by the two authors independently. Finally, 10 studies were deemed eligible for inclusion in the review. A flow chart was used to demonstrate the results of the searches.

Quality Assessment

Following identification of the studies, a critical appraisal process (Critical Appraisal Skills Programme, 2013) was used as an evidence- based checklist that applies fundamental questions to each of the selected studies.

Table 1
CASP Qualitative Research Checklist.

Screening questions	Yes	Can’t tell	No
1. Was there a clear statement of the aims of the research			
2. Is a qualitative methodology appropriate?			
3. Was the research design appropriate to address the aims of the research?			
4. Was the recruitment strategy appropriate to the aims of the research?			

5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

FINDINGS

Ten studies were identified that addressed the review question. Data were extracted and organized under the following headings: citation and country, aims, sample, date collection methods, key findings and recommendations (Table 2). All of the studies used various qualitative collection methods including in-depth interviews, focus groups and case studies. The studies that were included in the review had justified their chosen approaches and had adequately addressed the research aims and objectives. Whilst sample sizes were relatively small, rich data were collected and presented that highlighted key issues in relation to the topic. Fresh insights were developed through the study findings. Any limitations were discussed and recommendations were made in terms of treatment options and mental health service provision to people who identify as transgender.

The review process was guided by methods used in the research literature (Gould, 1994). A critical analysis of each paper involved a visual search for themes that were categorized. The main themes that emerged included: accessing appropriate services; discrimination, transphobia and vulnerability; relationships with family, friends and partners; risk taking behaviors; and service developments.

Accessing Appropriate Services

Within the studies, mental health services that were responsive and tailored to the needs of transgender people often appeared inadequate, if they existed at all. The overall quality of services was poor and lacked options around appropriate treatments resulting in unmet needs (Sperber, Landers, & Lawrence, 2005). In the past, mental health issues for transgender people were narrowly viewed through the lens of the gender identity disorder diagnosis. This led to a pathologizing of the person's unique psychosocial experiences, thus limiting therapeutic responses and treatment options (Alegría, 2010).

Participants in one study were very sure about their expectations around practitioner attributes and spoke about the need for staff that were knowledgeable, skilled, competent and comfortable with trans- gender issues. Some people articulated the need for effective and re- sponsive mental health services (Nemoto, Operario, & Keatley, 2005). Recent studies have examined the wider views and needs of transgen- der people in relation to counseling and psychotherapy. One study that highlighted issues for seven transgender people around their men- tal health services experiences, found that most participants sought therapy for relationship satisfaction, emotional health concerns and af- firmative therapy. Participants wanted mental health professionals to be understanding, non-judgmental and to appreciate the person's unique experiences. Affirmative therapists were usually found through word-of-mouth (Benson, 2013). The importance of validating and empowering integrative approaches in psychotherapeutic processes has been highlighted (Chavez-Korell & Johnson, 2010).

Discrimination, Transphobia and Vulnerability

Health and social care needs and experiences vary across the lifespan. Younger people are often trying to form their identity whilst finding ways to integrate their identity into their

cultural background, personal characteristics and family circumstances. There remains very little systematic research available that examines the experiences of transgender young people; hence, young people continue to be invisible with their needs often neglected (Corliss, Belzer, Forbes, & Wilson, 2008). Through the use of focus groups, one study explored the social and emotional experiences of young people who identified as transgender and how these experiences related to gender identity, gender pre- sentation and sexual orientation (Grossman & D'Augelli, 2006). Almost all of the participants identified vulnerability in relation to health issues including: a lack of safe environments, poor access to health services, challenges to the continuity of care-giving by their family and friends, and poor mental health resources. Some people re- ported concerns around harassment, discrimination, physical violence and sexual abuse. Many people used avoidant behaviors that further compounded their feelings of marginalization and exclusion. Several young people had entered prostitution in the absence of financial sup- port and others had experienced illicit drug use. In another study (Joslin-Roher & Wheeler, 2009), feelings of shame and unworthiness were common and some people articulated thoughts of self-harm and suicide. Some participants had become separated from their family and were now homeless. Mental health practitioners were asking for the identification of culturally safe environments for young people to 'come out' and for increased support to families and communities in its development (Grossman & D'Augelli, 2006).

Relationships with Family, Friends and Partners

The support available to the partners of transgender people remains a neglected area. In the few studies that exist, the main concerns were around the 'transition' that partners also make whereby the identity of the relationship may change from heterosexual to

homosexual and vice versa. One study (Chase, 2011), using a psychoanalytical case-study design, explored the experiences of six female partners. All parti- cipants spoke of the challenges faced during transition, by their part- ners' return to 'adolescent' type behaviors, and of having to endure 'like bystanders,' narcissistic self-involvement, changes in libido, greater energy and wanting to socialize more. Mourning the pre-transition love object was also problematic for some. In another study (Joslin-Roher & Wheeler, 2009), people spoke about the biopsychosocial aspects of supporting their partner through the transition and the impact upon their relationship. Identified challenges included mood changes, conflict and communication issues. However, despite these issues, a majority of participants reported a heightened sense of satisfaction in the relation- ship and pleasure in their loved one's joy in transitioning. Some people spoke of the importance of peer support in dealing with possible in- creases in stress, sadness and anxiety during the transition process. Participants strongly advocated the use of support groups and socializa- tion and community building events. Studies have highlighted the pressing need for practitioners and mental health service providers to have a greater knowledge of transgender issues and a commitment to transgender partnership needs (Alegría, 2010).

Risk Taking Behaviors

According to official reports in certain areas of the USA, the preva- lence of HIV, illicit drug use and metal health needs has reached significantly high proportions to become major public health issues. Transgender people were noted to be the most severely affected by the HIV/AIDS epidemic. One study, using focus groups, investigated the determinants of HIV risk behaviors among 48 people who identified as transgender and came from ethnically diverse backgrounds. Findings indicated that there was a distinct lack of health

and social services tailored to the specific needs of participants. Furthermore, there was a general dissatisfaction with the existing services that were seen as sparse and being delivered by insensitive staff (Nemoto et al., 2005). A service evaluation study found that increasing access and supports that are welcoming, safe and affirming, provide opportunities for peer support and enable clients to build and expand their social networks (Oggins & Eichenbaum, 2002).

Service Developments

Several studies indicated a scarcity of services for transgender peo- ple and high levels of dissatisfaction where services did exist, including negative staff attitudes and insensitivity towards transgender clients and prejudice from other clients. From this it is clear that services must be more responsive to the needs of transgender clients. Staff education on transgender issues is a priority so that healthcare providers are seen to be sensitive, welcoming and understanding to their clients. It is important that healthcare providers do not add to the stress or difficulty already faced by their transgender clients by responding in a discriminatory or ill-informed manner. In addition, services have a responsibility to their clients to provide information on transitioning, including how to access hormone therapy. In one study, participants spoke of obtaining 'underground' supplies, mainly from Mexico (Nemoto et al., 2005). The medicines were often inappropriately administered, resulting in kidney and liver damage and skin infections. This proved distressing for transgender people and should be a cause for alarm for healthcare providers. There was also a relatively low utilization of substance abuse treatment and psychological counseling. This may be related to transphobic attitudes within these services (Nemoto et al., 2005). Participants identified the need for substance misuse, HIV/AIDS and psychological services tailored specifically to the needs of transgender clients. Mental

health care was seen as a major health issue for many of the participants, with depression and anorexia being a particular focus for the younger people (Oggins & Eichenbaum, 2002). However, mental health services were seen to be ill-equipped to deal with trans-specific needs. In fact, many people spoke of having to educate their therapists on transgender issues. Some people would avoid services altogether for fear of discriminatory and prejudiced attitudes and behaviors displayed by practitioners. In all groups, participants spoke about 'humiliating' treatment and often a complete refusal to provide services. From this, it is recommended that mental health care practitioners use special care when meeting with transgender clients. They should ensure to use gender-appropriate pronouns, have an understanding of trans-specific mental health issues, and display welcoming, non-judgmental attitudes.

DISCUSSION AND CONCLUSION

The current review has highlighted several important issues as they relate to transgender people and mental health concerns. The findings are extremely relevant in terms of current and future mental health re- search, practice, education and policy. What has become clear is the distinct lack of access to appropriate mental health services that are tailored to a transgender person's individual concerns. A meeting of experts in transgender health research at the University of Pittsburgh ar- rived at a consensus of opinion about future research priorities that should include HIV/AIDS, substance use and mental health. The group also highlighted a pressing need to investigate how discriminatory attitudes can affect issues related to social exclusion and health disparities, including psychosocial and other health issues. Future intervention studies should investigate topics such as self-esteem, quality of life, and social supports with a focus on resilience rather than risk- assessment (Lombardi, 2009).

The review has revealed the urgent need for studies that look specifically at the experiences and needs of adolescents and children of people who are transgender. At the other end of the spectrum, there is a lack of studies related to older transgender people. Other topics include hate- crime survivors and post-traumatic stress reactions, gender dysphoria, and resilience factors. The diagnosis of Gender Identity Disorder has contributed to stigma and bias against transgender people and to the restriction of their human and civil rights; however, in some cases, it has also facilitated validation and availability of necessary treatment. It is essential to ensure that the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, does not pathologize conditions of diversity in sex/gender identity formation and expression (Green, McGowan, Levi, Wallbank, & Whittle, 2011). Potential therapeutic interventions and ser- vice provision, where they exist, should be rigorously evaluated and the findings widely disseminated. Longitudinal studies would be useful in determining outcomes related to transgender people following transition and the ensuing 'settling in' process (Chase, 2011). In spite of these challenges indentified in this review, some studies do reveal resilient traits used by transgender people and an ability to thrive in perceived transphobic environments. In one United Kingdom (UK) study, more than 80% of participants felt that they had grown and gained something positive as a result of being transgender, transitioning or expressing their gender identity. These included: in- creased confidence, new friends, better quality relationships, community and a sense of belonging, self-expression and acceptance, knowledge and insight, and increased happiness and contentment (McNeil, Bailey, Ellis, Morton, & Regan, 2012). Despite these resilient attributes, trans- gender people may still experience mental distress, such as issues related to substance misuse, social exclusion, relationship problems, homelessness, poverty and other psychosocial issues (Grossman et al., 2011, Parkes & Hall, 2006).

Implications for Mental Health Nursing Practice

Where workforce development is concerned, mental health nurses should possess the relevant knowledge and skills to be able to deliver culturally competent care that encourages resilience and empowerment in transgender clients. Further, in order to assist mental health recovery, therapeutic interventions, such as talking therapies, should be freely available with nurses using affirmative approaches. Attitudes of practitioners should be supportive, respectful and inclusive (Benson, 2013). Transgender health should be a priority in training programs and significant deficits exist in terms of transgender health and social care within the mental health curriculums. Undergraduate and post- graduate interprofessional mental health training programs should be guided by clearly defined competency frameworks and should include members of the transgender community in curriculum design, development and delivery (McCann & Sharek, 2013, Rutherford, McIntyre, Daley, & Ross, 2012). Mental health policy makers and providers are keen to develop and deliver modern, responsive and accessible services that are rights-based and tailored to the needs of people who use their services (Australian Government, 2010, Department of Health, 2014, Department of Health and Children, 2006, Government of Scotland, 2007). It is hoped that this review may help relevant organizations fully consider the types of services that they provide to this community.

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